

DAVIS COMMUNITY HOUSING AUTHORITY

Housing Pre-Application

Mailing address: 352 S. 200 W. Suite 1 Farmington, UT 84025

Mon-Thurs. 7:00 am-5:30 pm

North: (801) 546-6142

South (801) 451-2587 TDD #: 711

FAXED APPLICATIONS WILL NOT BE ACCEPTED

Updated 04-16-2019

For Office Use Only	
Date _____	Time _____
Income Eligible _____	Yes _____ No _____
Annual Income \$ _____	
Bedroom Eligibility _____	
Happy Registry _____	
Bad Tenant Check _____	
Sex Offender Registry _____	
_____ Approved	_____ Denied

The following is a list of subsidized housing programs through Davis Community Housing Authority. You may apply for one or more of the programs listed. Please keep in mind that the waiting period will differ.

All programs, except Housing Choice Vouchers, will require you to move to the address of the property when your name reaches the top of that list. Housing assistance is available for all who qualify.

All pages of the application must be attached for it to be a complete application. Only completed applications are accepted for processing. Every household member over the age of 18 is required to sign everywhere signatures are indicated.

This application is for Davis County, UT only.

_____ Housing Choice Voucher/HCV (formerly known as Section 8) _____ NED (Vouchers for disabled persons under 62 years)

***The HCV program has a "local preference", meaning applicants who either live or report to work in Davis County will be selected first. Can you provide evidence that you either live or report to work in Davis County? Yes No**

_____ **Public Housing**

2 & 3 Bedroom: 418 & 424 W Center St., Bountiful (with two 2 bedroom wheelchair accessible units) and 2160 S Orchard Dr., Bountiful

3 Bedroom only: 214 & 218 E 400 N, Centerville and 118 to 190 S 1450 W, Clearfield

4 Bedroom only: 2100 N University Park Blvd, Layton

_____ **Rosewood Villa (Project-Based Section 8)**

1, 2, 3, & 4 Bedroom: 2100 N University Park Blvd, Layton

_____ **Meadows (Elderly Housing)** Age 62 or older, or persons who are disabled

1 Bedroom only (has wheelchair accessible units) 285 & 313 E 1450 N Bountiful

Name of Head of Household: _____ Phone: _____

Complete Mailing Address: _____

Complete Physical Address: _____

Print Legibly. Family Composition: List the names of all persons as they appear on the Social Security Card, who will live with you (family, relatives, friends, other, or pregnancies and the due date).

Full Name	Relationship	Date of Birth	Gender (Optional)	Social Security #
	Head of Household			



If you are disabled and need some assistance in completing this application or need an accommodation with the application process, please tell us. DCHA has designated the following person to coordinate efforts to comply with this requirement:

Mary Swanson, 504 Coordinator, 801-939-9198

Utah Relay Service: 711

Davis Community Housing Authority

352 S. 200 W. #1

Farmington, UT 84025

Mary's Office Hours: Monday-Thursday 7:00 am-5:30 pm

DCHA's website is: www.daviscommunityhousing.com

Please write your initials on each line indicating **you have read and understand** every statement below:

- ___ Initial I understand that this housing pre-application is for Davis County, Utah and no other counties. I understand that DCHA has very long Waiting Lists.
- ___ Initial I understand that this is a pre-application and final eligibility will be determined when I reach the top of the Waiting List(s).
- ___ Initial I understand that DCHA will contact me through the post office (mail). I will update DCHA in writing of a new mailing address. I understand I may either mail a letter to DCHA or update my address in person at the office in Farmington, UT. I understand that DCHA does not recommend I send my address change via the fax machine as it may not clearly print. I understand DCHA may mail me a letter at any time.
- ___ Initial I understand that failure to report changes in writing will result in removal from the Waiting List(s). I understand DCHA will mail me a confirmation letter indicating the change of address. I will contact DCHA if I do not receive an address confirmation letter within 4 weeks after notifying DCHA of my new address.
- ___ Initial I also understand I will be removed from DCHA's Waiting List(s) if I do not respond to written communication from DCHA.
- ___ Initial I understand my housing pre-application will be denied if my household income exceeds the income limit established by HUD. I understand my application will be denied if I owe money to DCHA or to any other Housing Authority, or to any federally assisted housing program.
- ___ Initial I understand that DCHA asks that I inquire once every 3 months for my "status" while on the Waiting List(s). I understand that the timeframe given to me is an estimate of time. I understand DCHA cannot give me a "specific timeframe" on my Waiting List status.
- ___ Initial I have read and understood each description of the program(s) offered through DCHA and applied for the program(s) in which I am interested.
- ___ Initial I understand that in order to apply for the Waiting List, I must either be at least 18 years of age or an emancipated minor.
- ___ Initial I understand that due to the HCV "local preference" and other waiting list factors that timeframes given will change my estimated time on the waiting list. Additionally, if I do not currently report to work or live in Davis County and I move to or become employed in Davis County I will report the change and the local preference will be implemented.

How did you hear about us? (Check all that apply)

___ Internet

___ Walk-In

___ Referred by Other: _____

___ Newspaper

___ Brochure/Flyer

___ Other: _____

___ Referred by Resident

___ Phone Book

NON-DISCRIMINATION POLICY: Davis Community Housing Authority complies with Section 504 of the Rehabilitation Act of 1973 in providing individuals with a disability equal access to the services, programs, and activities the Housing Authority offers. Upon request, the Housing Authority will verify the need for a reasonable accommodation to individuals with disabilities. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin, or source of income with compliance with the Fair Housing Act.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance. I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Signature of Head of Household

Date

Signature of Spouse/Person age 18+

Date

Signature of Other Person age 18+

Date

Signature of Other Person age 18+

Date

WARNING! Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for the unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C Section 408 (a) (6), (7) and (8).

HUD 52675 –DEBTS OWED TO PUBLIC HOUSING MUST BE SIGNED BY ALL HOUSEHOLD MEMBER 18 AND ABOVE. ONE FORM PER PERSON.
HUD 92006-SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING MUST EITHER BE COMPLETED OR THE BOX INDICATING THAT YOU CHOOSE NOT TO PROVIDE THE CONTACT INFORMATION BE CHECKED AND SIGN AND DATE.





U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA: Davis Community Housing Authority 352 S 200 W Suite 1 Farmington UT 84025</p>	<p>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:</p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Signature</td> <td style="width: 50%; border: none;">Date</td> </tr> <tr> <td style="width: 50%; border: none;">Printed Name</td> <td style="width: 50%; border: none;"></td> </tr> </table>	Signature	Date	Printed Name	
Signature	Date				
Printed Name					

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.